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|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>0104-0386P |                         |
| Application Number      10/092,558-Conf. #7898  |                                  | Filed      March 8, 2002               |                         |
| For      AUDIO RECEIVING SYSTEM   |                                  |  |                         |
| Art Unit      2615  |                                  | Examiner      D. E. Faulk              |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |  |                         |
|   |                                  | <u>Fee</u>                             | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120                                  | \$ 60.00                |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460                                  | \$ _____                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1050                                 | \$ _____                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                 | \$ _____                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                 | \$ _____                |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |                                  |  |                         |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |                                  |  |                         |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,680</u>  |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.  |                                  |  |                         |
| Registration number if acting under 37 CFR 1.34 <u>44463</u>  |                                  |  |                         |
| Signature <u>WILLIAM TITELMUS</u>   |                                  | July 7, 2008<br>Date                   |                         |
| <u>Michael K. Mutter</u>  |                                  | (703) 205-8000                         |                         |
| Typed or printed name   |                                  | Telephone Number                       |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |                                  |  |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                         |